

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09781823</b>	FILING DATE <b>02/12/01</b>			
							APPLICANT(S)				
<b>4/12/05</b>							<b>CLAIMS</b>				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
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13							63				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5		5				TOTAL IND.				
TOTAL DEP.	17		17				TOTAL DEP.				
TOTAL CLAIMS	22		22				TOTAL CLAIMS				